Introduction: An initial study demonstrated significantly increased risk of malignant diagnosis in those aged 60 or over diagnosed with idiopathic venous thrombo-embolism. This follow up survey investigate whether fast track pathways screen for potential malignancy in idiopathic deep venous thrombosis (DVT).
Methods: A telephone survey contacted all hospital medical trusts advertising in a single edition of the BMJ careers. The survey identified trusts' use of fast-track pathways for DVT, whether nurse led, physician involvement and follow up procedures for idiopathic cases.
Results: 52 trusts responded (91%). All trusts conducted some form of rapid access fast track pathway for DVT referral and investigation. 47 (94%) used nurse led pathways, 46 (88%) had little or no physician contact once referred to the pathway. Of 52 responses, 2 (3.6%) had formal guidelines for in-depth assessment of patients labelled idiopathic aged 60 or over by a physician.
Conclusions: Fast-track DVT pathways require greater physician input to screen cases, looking for possible occult malignancy as an underlying cause for VTE. Current moves to community based nurse led pathways may result in a missed opportunity to diagnose and intervene in malignancy at an earlier stage.

0070: UPTAKE OF CAROTID ARTERY STENTING IN ENGLAND AND SUBSEQUENT VASCULAR ADMISSIONS: AN APPROPRIATE RESPONSE TO EMERGING EVIDENCE?

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Aims: We report the uptake, length of stay and vascular readmission rates of carotid endarterectomy (CEA) and carotid artery stenting (CAS) in the English National Health Service (NHS) between 2006 and 2009.
Methods: This is a retrospective cohort study based on Hospital Episode Statistics (HES) inpatient data on CEA (n=15996) and CAS (n=632). We analysed trends in procedure use over time and used ordinary least squares multivariate analysis and Cox proportional hazards regressions to evaluate patient, clinical and organisational characteristics associated with longer length of stay for revascularisation and higher rates of readmission for vascular events.
Results: CAS made up less than 5% of carotid revascularisation procedures; there was no trend for increasing use over time. CAS patients had a 35% (95% CI: 30, 39) shorter stay in hospital than CEA patients. However they were more likely to be readmitted following stroke, transient ischaemic attack (hazard ratio 1.52 [95% CI: 1.19, 1.94]) and myocardial infarction (hazard ratio 1.54 [95% CI: 1.08, 2.21]).
Conclusions: Despite the early promise of CAS and numerous RCTs evaluating efficacy, it has not been rapidly adopted in England. Cautious adoption may be appropriate given the finely balanced evidence regarding subsequent myocardial infarction, stroke and cost-effectiveness.

0087: LAPAROSCOPIC LIGATION OF TYPE II ENDOLEAKS POST ENDOVASCULAR ANEURYSM REPAIR (EVAR): CURRENT EVIDENCE FOR PRACTICE – A SYSTEMATIC REVIEW

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Aims: Type II endoleak complicates 10-25% of EVAR. Although the clinical significance of type II endoleak remains contentious, the strategies used for its management have continued to expand. We systematically review the literature and comprehensively appraise the effectiveness of laparoscopic intervention in the management of this common complication.
Methods: Review methods were according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. Published literature from five electronic databases was searched. Studied outcomes included patient demographic, aneurysm type, graft type, endoleak type, previous endovascular embolization attempted, vessel ligated laparoscopically, length of stay and follow up duration.
Results: 9 studies representing 20 patients were investigated. Mean age was 74.4. All patients were ASA II and above. All underwent standard infrarenal EVAR. 16 patients suffered a type II endoleak from the inferior mesenteric artery. 60% (12/20) patients had unsuccessful or were unsuitable for embolization. 30-day mortality was 5%.
Conclusions: Direct laparoscopic ligation of feeding vessels causing type II endoleak is particularly useful in cases where standard endovascular embolization has failed. It is associated with low 30-day mortality and should be considered an essential tool in the armamentarium of the vascular and laparoscopic surgeon.

0095: PROFILING OF MOISTURE STATUS IN VENOUS LEG ULCERS

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Aims: The aim of this study was to assess wound moisture levels and to evaluate correlation with Venous Leg Ulcer (VLU) healing.
Methods: Seven patients were recruited over 21 days and their VLUs were classified; class A (healthy, healing) to class D (unhealthy, not healing). Ulcer moisture levels were recorded bi-weekly using a non-invasive wound moisture monitoring system [dry(1) to wet(4)] without disturbing compression regimes. Digital Planimetry calculated healing rate (% change in ulcer size/week).
Results: Mean (+SEM) age was 72 years (+ 4.3). By day 21, 57% (n=4) of patients with VLUs had completely healed. Class A ulcer was 100% predictive of 100% granulation and 'drop' reading of 1. There was correlation between ulcers with greater surface area and higher moisture levels rs=0.4, $p<0.05$. However, ulcers with a faster healing rate ($\geq$40%) had greater moisture content compared to slower-healing ulcers (<40%), $p<0.05$.
Conclusions: We have demonstrated that moisture content may play a role in VLU healing rate. Class A ulcers correlate well with moisture and granulation, indicating; dry readings are found at complete granulation/healing. Further work is required to elucidate whether artificially increasing VLU moisture content has a role in hastening healing in class C, D and slow-healing ulcers.

0098: THE OUTCOME OF ENDOVASCULAR TREATMENT FOR COMPLICATED ACUTE DISSECTION IS DEPENDENT UPON TREATMENT INDICATION: THE NEED FOR CLEAR GUIDELINES

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Objective: Thoracic endovascular aortic repair (TEVAR) is the treatment of choice for complicated acute type B dissection. However the indications for intervention vary widely in their severity. We investigated the effect of treatment indication on outcome.
Methods: All patients treated for acute complicated type B dissection at a tertiary referral centre between January 2000-July 2011 were identified from a prospective TEVAR database. Patients were categorised based on the indication for treatment: rupture, end organ ischaemia and persistent pain. Death, stroke and paraplegia were regarded as major adverse events (MAE).
Results: 43 patients were identified. The perioperative rate of MAEs was 27.9% (death 11.6%, stroke 11.6%, paraplegia 9.3%). The MAE rate was 25.0% for those treated for rupture, 46.7% for end organ ischaemia and 8.3% for persistent pain. Persistent pain as an indication was associated with a better outcome compared with end organ ischaemia (p=0.04) but not compared with aortic rupture (p=0.36).
Conclusion: Treatment indication affects the outcome of TEVAR for complicated type B aortic dissection. Patients with persistent pain have a better outcome than those with end-organ ischaemia. The mode of presentation and treatment indication should be used for risk stratification of patients with complicated acute type B aortic dissection.

0112: TEMPORAL ARTERY BIOPSIES: ARE WE TAKING LONG ENOUGH SPECIMENS?

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Introduction: Temporal artery biopsy is the "gold standard" investigation for giant cell arteritis. The Royal College of Rheumatologists guidelines